

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 091856958	FLING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/	/	/		
2	/	/	/	/		
3	2	/	/			
4	CD	/	/			
5	CB	/	/			
6	CB	/	/			
7	CB	/	/			
8	CB	/	/			
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TOTAL IND.	/	/	/	/		
TOTAL DEP.	13	↔	12	↔		↔
TOTAL CLAIMS	14	↔	13	↔		↔

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IND.	DEP.	IND.	DEP.
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100			
TOTAL IND.		↔	
TOTAL DEP.		↔	
TOTAL CLAIMS		↔	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS